

# Fund Transfer Authorization Request

Date: **[Insert Date]**

To: **[Recipient Name]**

From: **[Your Name]**

Account Number: **[Your Account Number]**

Email: **[Your Email Address]**

Phone Number: **[Your Phone Number]**

Subject: Authorization for Recurring Fund Transfer

Dear **[Recipient Name]**,

I am writing to formally authorize the recurring transfer of funds from my account, as detailed below:

- **Amount:** **[Insert Amount]**
- **Frequency:** **[Weekly/Monthly/Quarterly]**
- **Start Date:** **[Insert Start Date]**
- **End Date:** **[Insert End Date or Indefinite]**
- **Transfer To:** **[Insert Recipient Account Details]**

I confirm that I have sufficient funds in my account to cover these recurring payments and that this authorization remains in effect until I provide written notice of cancellation. Please feel free to contact me if any further information is required.

Thank you for your attention to this matter.

Sincerely,

**[Your Name]**

**[Your Signature]**